

Application Information

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First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: A.
Family Name:: Ahroon
Name Suffix::
City of Residence:: Enterprise
State or Province of Residence:: Alabama
Country of Residence:: US
Street of mailing address:: P.O. Box 310610
City of mailing address:: Enterprise
State or Province of mailing address:: Alabama
Country of mailing address:: US
Postal or Zip Code of mailing address:: 36331-0610

Correspondence Information

Correspondence Customer Number :: **30465**

Representative Information

Representative Customer Number::		30465
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	U.S. Army Medical Research and Materiel Command
Street of mailing address::	504 Scott Street
City of mailing address::	Fort Detrick
State or Province of mailing address::	Maryland
Country of mailing address::	US
Postal or Zip Code of mailing address::	21702-5012